

JPRS-TEP-93-014  
2 June 1993

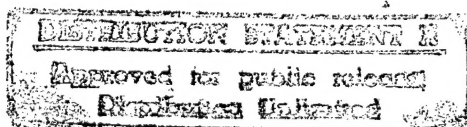


**FOREIGN  
BROADCAST  
INFORMATION  
SERVICE**

# ***JPRS Report***

# **Epidemiology**

**DTIC QUALITY INSPECTED 2**



19971229 037

# Epidemiology

JPRS-TEP-93-014

## CONTENTS

2 June 1993

### AFRICA

#### REGIONAL AFFAIRS

Regional Epidemiological Reportage .....	1
5 - 16 May .....	1
17 - 23 May .....	1

#### ZAMBIA

Tuberculosis Cases Continue To Increase [Charles Mushitu; ZAMBIA DAILY MAIL, 1 Apr 93] ...	2
--	---

### CHINA

Pilot Plan Said Successful in Fighting Snail Fever [CHINA DAILY, 1 May 93] .....	3
Tibet Controls Endemic Diseases [XINHUA, 24 May 93] .....	3

### EAST ASIA

#### REGIONAL AFFAIRS

Epidemiology Roundup 17 May - 22 May .....	4
--	---

#### VIETNAM

Twelve 'Contagious Diseases' Controlled; Children Vaccinated [VNA, 18 Feb 93] .....	4
---	---

### EAST EUROPE

#### BULGARIA

Official Reports Outbreak of Foot-and-Mouth Disease .....	5
Cases Near Simeonovgrad [BTA, 25 May 93] .....	5
Cabinet Adopts Measures To Combat Outbreak [BTA, 25 May 93] .....	5

#### YUGOSLAVIA

Thousands in Former SFRY Threatened by Tuberculosis [AFP, 21 May 93] .....	5
--	---

### LATIN AMERICA

#### REGIONAL AFFAIRS

Regional Epidemiological Reportage .....	6
28 - 30 April .....	6
1 - 13 May .....	6
11 - 13 May .....	7
10 - 21 May .....	7

#### DOMINICAN REPUBLIC

Red Cross Director on Increasing Hepatitis B Cases [Santo Domingo tv, 14 May 93] .....	8
--	---

## GUATEMALA

Four Dead, 25 Sick in Cholera Outbreak [C.G. Urrea; *EL GRAFICO*, 6 Apr 93] ..... 8

## GUYANA

Health Ministry Official on Battle Against Cholera [CANA, 22 May 93] ..... 9

## NEAR EAST & SOUTH ASIA

### IRAN

Update on Health in Zahedan [ABRAR, 27 Dec 92] ..... 10

## CENTRAL EURASIA

Diphtheria Incidence Increasingly Ominous ..... 11  
 Immunization Decreed [A. Banduzhiy; *NEZAVISIMAYA GAZETA*, 12 Mar 93] ..... 11  
 Epidemic Develops in Moscow [L. Arinicheva; *MOSKOVSKAYA PRAVDA*, 28 Nov 92] ..... 11  
 Epidemic Feared in St. Petersburg [Galina Orlova; *NEVSKOYE VREMYA*, 28 Nov 92] ..... 13  
 Outbreak in Chekhov Rayon [KURANTY, 4 Dec 92] ..... 13  
 Moscow 'Danger Zone' for Hemorrhagic Fever, Malaria, Rabies  
 [N. Ulyanov; *NEZAVISIMAYA GAZETA*, 5 Nov 92] ..... 13  
 Hemorrhagic Fever in Nizhegorod Oblast [Lidiya Ivchenko; *IZVESTIYA* 23 Jan 93] ..... 14  
 Influenza Epidemic Anticipated in Moscow ..... 14  
 Preventive Measures Urged [Lidiya Ivchenko; *IZVESTIYA*, 21 Jan 93] ..... 14  
 Epidemic Starts in Moscow [O. Saprykina; *KOMSOMOLSKAYA PRAVDA*, 27 Jan 93] ..... 14  
 Deputy Environment Minister Warns of Disease Outbreak Danger  
 [A.F. Poryadin interview; *ZELENYIY MIR*, No 6, 1993] ..... 15  
 Heliotrope Hepatitis in Southern Tajikistan  
 [Fedor Smirnov; *MEDITSINSKAYA GAZETA*, 12 Mar 93] ..... 16  
 Kazakh Health Services Review Infectious Disease Problem [RABOCHAYA TRIBUNA, 17 Mar 93] ..... 18  
 Tuberculosis in GULAG [V. Abramkin; *MOSKOVSKIY KOMSOMOLET*, 16 Sep 92] ..... 19  
 Increase in Tuberculosis in Pskov Area [NEZAVISIMAYA GAZETA, 16 Mar 93] ..... 20  
 Anisakiasis in Krasnoyarsk [A. Pashkov; *IZVESTIYA*, 24 Mar 93] ..... 20  
 Anthrax Cases Attributed to Meat ..... 20  
 20 People Infected [NEZAVISIMAYA GAZETA, 4 Aug 92] ..... 20  
 Source of Infection Eliminated [NEZAVISIMAYA GAZETA, 11 Aug 92] ..... 20

## WEST EUROPE

### IRELAND

Ireland Proclaimed Leukosis Free, Test Rules Altered [IRISH INDEPENDENT, 2 Mar 93] ..... 22

## REGIONAL AFFAIRS

### Regional Epidemiological Reportage

5 - 16 May

ABI705193993

[Editorial Report] The following is a compilation of disease reports monitored from Abidjan Bureau's coverage area 5-16 May. Source information follows at the end of each item.

#### Ghana

The number of guinea worm cases in Brong Ahafo in the first quarter of this year dropped by about 30 percent. While the region recorded 354 cases in the first quarter of this year, that of the same period last year stood at 944. This was announced by the Brong Ahafo regional coordinator of the guinea worm eradication program, Mr. W.A. Marfo, at this year's first quarterly review workshop for 14 district guinea worm coordinators in the Region, at Sunyani. (Accra Ghana Broadcasting Corporation Radio Network in English 0600 GMT 5 May 93)

The deputy minister of health, in an address at an external review of the National AIDS Control Program, disclosed that in recent times reporting on AIDS cases from the regions have increased considerably. It is estimated that the returns of AIDS cases from the regions is at an annual average of 2,000 cases. (Accra Ghana Broadcasting Corporation Radio Network in English 1300 GMT 13 May 93)

#### Liberia

Reporters who visited Bota, (?Jokole), and Kokoya in Bong County say there is a serious outbreak of measles and other childhood diseases in these three districts. They report that the epidemic has claimed the lives of over 600 children and say several towns in (?Kuantakpa) District were also being hit by the epidemics. Meanwhile, the Nimba bureau of the Ministry of Information has reported that more than 25 children have died in (?Zo-Ge) District, Nimba County, as a result of an outbreak of measles and whooping cough in several towns and villages. (Gbarnga Radio ELBC in English 0700 GMT 5 May 93)

#### Nigeria

According to the Federal Ministry of Health and Social Services, statistics gathered from the nation's hospitals, clinics, and studies on mental illness show that one out of every five Nigerians is mentally disturbed. (Lagos NTA Television Network in English 2000 GMT 16 May 93)

17 - 23 May

MB2305194293

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 17 to 23 May concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

#### Angola

Belgian Doctors Fight Cholera in Luanda—The Belgian branch of the humanitarian organization, Doctors Without Borders, has launched an emergency campaign in Luanda to combat a cholera epidemic which is now claiming 600 victims a week. A spokesman for the organization said that the figure was probably much higher as most people did not report to health centers for treatment. He said the campaign was designed to reduce the mortality rate among cholera patients, as well as to prevent the epidemic from spreading to the entire Luanda population, which is estimated at 2.6 million people. The statement said that the epidemic has been exacerbated by the arrival in the capital of half a million people displaced by the civil war, frequent attacks on the city's water supply system by the National Union for the Total Independence of Angola, and the priority the government has given to the war. (Johannesburg Channel Africa Radio in English 1700 GMT 19 May 93)

#### Mozambique

AIDS in Tete Province—AIDS and other sexually transmitted diseases reached alarming proportions in Tete Province in 1992. A report presented at the 21st coordinating council of the Health Department, held recently in the province, says the spread of the disease has been due to truck drivers from neighboring countries—notably Malawi, Zambia, and Zimbabwe, who operate along the Tete Corridor; prostitution, which has become an alternate way of living because of economic hardships; and the province's geographic situation. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 18 May 93)

AIDS Figures Countrywide—A source in the Health Ministry reports that at least 762 AIDS cases have been diagnosed since April 1993 in the country. This was revealed during a meeting on blood transfusion being held in Maputo on 17 May. Manica and Tete Provinces are the worst affected areas because of the constant movement of people during war. [Maputo Radio Mozambique Network in Portuguese 1400 GMT 20 May 93]

Diarrhea in Nampula Province—The outbreak of diarrhea which affected the city of Nampula earlier this year is already under control. This was announced recently by Nampula Health Director Almeida Saraiva during the third ordinary session of the local executive council. (Maputo Radio Mozambique Network in Portuguese 1730 GMT 17 May 93)

**Tuberculosis in Cabo Delgado Province**—Thirty-four people have died of tuberculosis in Cabo Delgado Province according to a report by the health coordinating council in Pemba. The report adds that in 1992 there was a considerable increase in the number of tuberculosis cases compared to 1991. The Cabo Delgado health network is facing enormous difficulties including the shortage of medicines. (Maputo Radio Mozambique Network in Portuguese 0800 GMT 20 May 93)

#### South Africa

**Congo Fever**—A 32-year farmer of Niekirk's Hoop in the northern Cape, Mr. Carel Coetsee, is being treated for Congo Fever in Kimberly Hospital after being bitten by a tick. His condition has been described as reasonable. A hospital spokesman said the case is exceptional as the ticks are usually active only during the summer months. (Johannesburg Radio South Africa Network in English 0500 GMT 22 May 93)

### ZAMBIA

#### Tuberculosis Cases Continue To Increase

93WE0374A Lusaka ZAMBIA DAILY MAIL  
in English 1 Apr 93 p 3

[Article by Charles Mushitu: "TB Ills Mount"]

[Excerpt] While Tuberculosis specialists say that the recent introduced drug for TB is doing well, the number of TB cases continues to rise throwing the efforts of the Ministry of Health to wipe out the disease in total disarray.

It is expected that by the time specialists complete compiling figures for 1992, any time from now, the

figures will almost have doubled from the 1991 figure which stood at 23,000 by December.

There is also a likelihood that between 1992 and 1995, the cases may triple if the community does not give a hand in the fight against this diseases which specialists say can actively be maintained by the community.

What is worrying is the fact that 70 percent of the patients found with TB at the moment are also HIV positive which renders treatment of the disease ineffective.

About 17 percent of the TB patients are now said to be resistant to treatment and doctors are finding it difficult as their natural immunity is run down.

Last year, the Ministry of Health suspended the administration of TB medicine through injectibles and introduced oral administration of drugs.

The new drug, called Ethambutol, which was described as more effective than the old one has since been introduced in all hospitals although patients have received it with mixed feelings.

While some patients say the drug is very effective, others say that the drug had very serious side effects like severe headaches once taken.

Some have become allergic to the drug and have been put on injectibles once again. Specialists are not compiling figures to come up with the percentage of patients that are not allergic to the drug.

They maintain that the change from liquid medicines, thiacetazone and Streptomycin is necessary because there is a high risk of infecting a TB patient with HIV virus through injectibles since in some cases, medical personnel in hospitals used one syringe to inject more than one patient. [passage omitted]

**Pilot Plan Said Successful in Fighting Snail Fever**  
*54004806A Beijing CHINA DAILY (National)*  
*in English 1 May 93 p 3*

[Text] China's eight counties undertaking a pilot programme for the control of snail fever registered substantial drops in the infectious rate last year.

At a meeting held by the State Council yesterday, it was disclosed that the infection rate in the counties has dropped by 23 percent, the acute cases by 86 percent, and advanced cases by 14 percent. Meanwhile, total snail affected areas were down nearly 5 percent compared to 1991.

The results were contained in a survey made by the ministries of Public Health, Agriculture and Water Resources.

The State hopes that experiences collected from the pilot sites may be quickly spread to other epidemic areas throughout the country, so that the disease can be basically wiped out by the year 2000.

Snail fever, or schistosomiasis, the "devil of death" that the country declared as being eliminated in the 1950s, reappeared in South China's lake areas and the mountainous regions in the early 1980s.

Schistosome, a kind of parasite, causes the disease, which affects the liver, bladder, lungs and central nervous system and can be fatal.

Most of the victims are concentrated in eight provinces—Hubei, Hunan, Anhui, Jiangxi, Jiangsu, Sichuan, Yunnan and Zhejiang.

And cases of snail fever in Hubei, Hunan, Jiangxi, Jiangsu and Anhui provinces account for 90 percent of the nation's total.

The central government has attached great importance to snail fever control.

A special leaders' group and an expert group were founded, composed of top officials from all related State departments and senior medical specialists, to give instructions and suggestions in the work.

In 1990, the central government allocated 5 million yuan (\$862,100) to the eight epidemic provinces for treating patients at the advanced stages, in addition to a 2.5 million yuan (about \$438,000) subsidy on pharmaceuticals to kill snails.

Five of the eight provinces suffering from the disease—Hubei, Hunan, Jiangxi, Anhui and Jiangsu—have all established specialized leading groups headed directly by provincial governors to direct the anti-epidemic drive.

The five lake provinces have also formed a joint snail fever control leadership group to co-ordinate the work and increase their budget for the programme.

Each province increased its budget for the programme by up to 3 million yuan (\$526,000) last year.

Hubei, the worst affected province, allocated more than 10 million yuan (\$1.75 million) in one year in 1990, while Jiangxi, the least prosperous of the eight provinces also provided 3 million yuan for the project.

All primary and middle school students in the provinces are being given courses on prevention of snail fever.

Medical teams also have been sent to provincial governments to help treat patients in the affected areas.

Hubei Province has established with public donations a foundation for aiding snail fever patients in the advanced stages of the disease. (CD - Xinhua)

**Tibet Controls Endemic Diseases**

*OW2405132593 Beijing XINHUA in English*  
*1242 GMT 24 May 93*

[Text] Lhasa, May 24 (XINHUA)—The residents in the Tibet Autonomous Region have shaken off the trouble of endemic diseases thanks to the efforts of the local government.

Years ago, Tibetan residents were apt to suffer from brucellosis, endemic goiter and cretinism. Endemic flu-oro-sis and ke-shan disease were also very common in some regions.

The central and local governments have put great emphasis on preventing endemic diseases to enhance the health of local residents.

Now an endemic prevention network, with more than 80 organizations, is in place in various localities across the autonomous region.

Since 1978, the people's government of the autonomous region has annually earmarked over 700,000 yuan (about 122,800 U.S. dollars) to fight against brucellosis, an acute infectious disease. So far, the disease has been controlled to a great extent.

In addition, health workers have basically controlled endemic goiter, which results from a lack of iodine, by adding proper quantities of iodine to salt and tea and by dispatching iodine medicines.

## REGIONAL AFFAIRS

**Epidemiology Roundup 17 May - 22 May**

BK2405033493

[Editorial Report] The following is a compilation of summaries of foreign media reports on Southeast Asian and South Asian Epidemiology developments monitored by Bangkok Bureau between 17 May and 22 May 1993. Sourcelines are given in parentheses after each item.

**Indonesia**

14 HIV Carriers Detected in Cirebon— The local health authorities have detected 14 people in this city who are carriers of the human immunodeficiency virus (HIV). The discovery came following a blood screening of around 500 prostitutes, head of the provincial health office Sujoga said. (Jakarta THE JAKARTA POST in English 13 May 93)

**Laos**

Diarrhea Outbreak Reported in Khammouane Province—In early May, the Epidemiology Control Unit of the Public Health Service of Khammouane Province discovered that 353 out of 456 people who had visited health stations to have physical check-ups were afflicted with diarrhea. Those people were from three villages— Ban Kacham Noi, Khacham Gnai, and Ban Kho—in Boualapha District, Khammouane Province.

Early this year, a diarrhea epidemic also broke out in many localities, causing considerable loss of life and property. For example, in Hin Boun District of Khammouane Province, 10 people died of diarrhea and so did 25 others in Toumlan District, Saravane Province.

Health specialists in many localities have cautioned that a diarrhea outbreak often occurs during the period between the end of the dry season and the beginning of the rainy season, especially among those persons or families who fail to understand various hygienic measures, such as clean eating, drinking, living, and dressing. (Vientiane Vitthayou Hengsat Radio Network in Lao 0000 GMT 21 May 93)

**Vietnam**

Four Cases of HIV Infection Discovered in Dalat— The Dalat city public health service has discovered four cases of HIV infection from among the 143 blood samples that have been tested in Ho Chi Minh City. These are the first cases in Dalat city, all of which involve drug addicts. (Hanoi Voice of Vietnam Network in Vietnamese 1100 GMT 21 May 93)

Dac Lac Steps Up Measures Against Malaria—Assisted by the Red Cross Association, Dac Lac Province has delivered 50,000 mosquito nets treated with insect-control chemicals directly to the people of various ethnic minority groups in nine major malaria-infested villages of Krong No, Lac Da, and E Sup districts. Measures are also being adopted by the provincial public health service to protect the people against malaria during the rainy season. (Hanoi Voice of Vietnam Network in Vietnamese 1100 GMT 17 May 93)

**VIETNAM****Twelve 'Contagious Diseases' Controlled; Children Vaccinated**

BK1802145593 Hanoi VNA in English 1449 GMT 18 Feb 93

[Text] Hanoi VNA Feb. 18—The Hanoi Prophylactic Hygiene Centre last year successfully controlled 12 major contagious diseases in the city, reducing their incidence by between 50 and 95 percent. This was attributed to the centre's efforts especially the expanded immunization programme, and antidiarrhea programme.

More than 18,600 children under one year old have been vaccinated against six child killers in the northern coastal province of Quang Ninh. The provincial health-care service has carried out programmes against malnutrition in children, malaria and goitre in 166 out of the total 177 communes in the province, thus sharply reducing the incidence of malignant malaria.

## BULGARIA

### Official Reports Outbreak of Foot-and-Mouth Disease

#### Cases Near Simeonovgrad

AU2505123893 Sofia BTA in English 1140 GMT  
25 May 93

[Text] May 25 (BTA)—There are cases of foot-and-mouth disease [FMD] in Bulgaria, Ministry of Agriculture senior official Rayko Petrunov said at a press briefing today. The cases are located near Simeonovgrad (southeastern Bulgaria), close to the Bulgarian-Turkish border. Making a comprehensive inspection in this region, the veterinary authorities located a FMD centre of infection. A part of a private farm with about 100 cows and 150 calves has been affected. The region has been isolated and all necessary measures have been taken to prevent the spread of the infection, experts of the Agricultural Ministry said. The infected animals will be killed and the remaining will be vaccinated. All necessary vaccines have been provided, according to experts of the veterinary service of the ministry.

Some time ago there were reports of the World Veterinary Service of cases of foot-and-mouth disease in Bulgaria which were refuted by the ministry. These are new developments and they have nothing to do with the previous reports, according to agricultural experts. They stressed the correctness of the Bulgarian side, which provided timely information on the case to the FAO, the European Community and the neighbouring countries. The Ministry of Agriculture will report on this case at the Council of Ministers today.

#### Cabinet Adopts Measures To Combat Outbreak

AU2605093093 Sofia BTA in English 1830 GMT  
25 May 93

[Excerpt] Sofia, May 25 (BTA)—[passage omitted] Later today, at an extraordinary meeting the cabinet considered a report on the discovery of a foot-and-mouth disease focus of infection submitted by Agriculture Minister Georgi Tanev.

The cabinet decided that all infected animals should be destroyed and that the farm receive compensation for all

actual costs of the disposal procedure. As from the moment of this procedure, a one-month ban is imposed on the export of live animals and meat from the area of the focus of infection and within 50 km from it. If the infection is eliminated within this term, the ban will be lifted, said Mr. Todor Aleksandrov, director general of the National Veterinary Service. He assumes that the EC will ban for at least one month the import of live animals, meat, milk and products of animal origin from Bulgaria.

## YUGOSLAVIA

### Thousands in Former SFRY Threatened by Tuberculosis

AU2105080993 Paris AFP in English 0043 GMT  
21 May 93

[Text] Zagreb, May 21 (AFP)—Thousands of people in the former Yugoslavia are threatened by tuberculosis, World Health Organization (WHO) and UNICEF officials said Thursday.

The last 2-1/2 years have seen a sharp increase in the infectious respiratory illness, with some 2,500 cases recorded in Croatia so far this year, the WHO said.

In Bosnia-Herzegovina the situation is worse, although statistics are impossible to obtain because of the ongoing war, which has destroyed the medical infrastructure.

Poor conditions have also caused rickets and anemia.

Gilles Forte, a WHO doctor, appealed to the international community for diagnostic supplies to combat tuberculosis, in particular X-ray film.

He estimated the cost of screening and providing medicine for 10,000 people for 9 months at 560,000 dollars.

Even before the war, Yugoslavia was more affected than other European countries by tuberculosis, with a rate of 83 per 100,000 people in 1991, compared with 9.5 per 100,000 in 1989 in the United States, said Sean Drysdale, an epidemiologist.

## REGIONAL AFFAIRS

## Regional Epidemiological Reportage

28 - 30 April

PY0705125993

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Paraguay Bureau from 28 to 30 April.

**Bolivia**

La Paz PRESENCIA reports in Spanish on 29 April, Section 2 page 3, that the Epidemiology Department has reported just new 57 cholera cases in Cochabamba Department in the past week. A total of 1,795 cases have been registered so far both in the urban and rural area, which in 67 cases were fatal.

La Paz PRESENCIA reports in Spanish on 30 April, page 6, that a bulletin was issued by La Paz Health Unit. It reveals that during the week that ended on 24 April, 30 new cholera cases were registered in the rural area of La Paz Department, of which six were fatal. A total of 311 cholera cases occurred in La Paz Department to 24 April this year. Of these, 205 were hospitalized and 20 died.

**Peru**

Lima EL COMERCIO reports in Spanish on 28 April, page A6, that Dr. Francisco Sanchez Moreno, president of the Health Ministry Consulting Commission, on 27 April stated that the number of AIDS cases continues to increase in Peru. It is estimated that 60,000 people have the disease. He also added that the rabies and measles outbreaks are under control.

1 - 13 May

PA1505150293

[Editorial Report] The following is a compilation of regional health reports monitored by Panama Bureau from 1 to 13 May. Source follows in parentheses after each item.

**Colombia**

Health Ministry figures indicate that at least 15,000 measles cases were recorded in Colombia during 1992, 500 of which were fatal. Since then isolated cases have been recorded in Llanos Orientales, Santa Fe de Bogota, Medellin, Barranquilla, Armenia, and Girardot. (Paris AFP in Spanish 0036 GMT 5 May 93)

**Guatemala**

The Guatemalan Health Ministry on 11 May warned the population to refrain from eating fish products that were discovered to be contaminated with cholera bacteria. According to recent Health Ministry figures, 12,846 cholera cases have been recorded resulting in 3,015 deaths since the epidemic was first recorded in July

1991. So far 1,489 cases and 30 deaths have been recorded in 1993. (Mexico City NOTIMEX in Spanish 2038 GMT 11 May 93)

**Honduras**

The latest figures released by the Health Ministry indicate that at least 444 cholera cases resulting in 19 deaths have been recorded in Honduras since the epidemic was first reported in October 1991. According to Health Ministry officials, the rainy season increases the risk of the epidemic spreading. (Mexico City NOTIMEX in Spanish 1753 GMT 1 May 93)

Health authorities on 12 May reported an additional 184 AIDS cases, thus bringing the total number of recorded cases to 2,694. So far 303 AIDS cases have been recorded in 1993. Health officials recorded 731 cases in 1992. According to the latest official figures, the cities with the highest numbers of recorded AIDS cases are San Pedro Sula (1,092 cases), Tegucigalpa (386), and El Progreso (78). (Tegucigalpa EL HERALDO in Spanish 13 May 93)

**Mexico**

Health Secretariat sources reported on 10 May that a cholera outbreak in Mexico City had affected 51 persons. According to the health secretary of coordination and development, 866 cases and nine deaths have been recorded in Mexico during 1993. According to official figures, at least 12,000 cases and 141 cholera-related deaths have been recorded since the epidemic first broke out in Mexico in 1991. (Madrid EFE in Spanish 001 GMT 11 May 93)

**Nicaragua**

Health authorities disclosed on 5 May that 20 persons had died from cholera during the week of 25 April-1 May. Reports also indicated that the number of cholera victims in the Atlantic region totaled 46 cases. (Paris AFP in Spanish 1551 GMT 5 May 93)

Dr. Aldo Martinez, president of the Nicaragua Dermatologist Association, said there are currently 272 cases of leprosy in Nicaragua. He also indicated that the rise in the number of leprosy cases is beginning to cause some concern. Most cases have been recorded in the community of San Francisco del Carnicero, Managua jurisdiction, where there have been 62 cases. In addition, a significant percentage of recent recorded cases have been among teenagers. (Managua Radio Corporacion in Spanish 2200 GMT 5 May 93)

A cholera epidemic claimed 18 lives during the 1-2 May weekend in three separate Nicaraguan communities located along waterways from which community residents normally get their drinking water. The cholera-related deaths occurred in the neighboring communities of Alamikamba (northeastern Nicaragua), PoneLOYA, and El Transito (western Nicaragua). (Hamburg DPA in Spanish 2334 GMT 5 May 93)

A Health Ministry source disclosed on 8 May that the number of cholera cases recorded in Nicaragua totaled 3,895. Health officials have also confirmed that 87 persons have died since the epidemic was first recorded in November 1991. Recent health reports state that cholera cases have now been recorded in each of the Nicaraguan departments. (Panama City ACAN-EFE in Spanish 1406 GMT 8 May 93)

The Nicaraguan Health Ministry declared a health emergency in the Atlantic region in response to 200 cholera-related deaths. Health officials decided to implement a national "alert" after receiving reports last week of 291 more cases and 24 deaths. According to Deputy Health Minister Federico Munoz, 854 cases and 40 deaths have been recorded during 1993. In addition, the number of recorded cases are 11 times greater than the 1992 figures for the same period. (Paris AFP in Spanish 1536 GMT 8 May 93)

#### **Panama**

Health Minister Dr. Guillermo Rolla Pimentel disclosed on 7 May that 15 cases of type B meningitis have been recorded in Panama since January 1993. According to the health minister, approximately 218 cases had been recorded during the past four years, 20 of which proved fatal. Figures disclosed by the Health Ministry Epidemiology Department indicate that 112 cases were recorded in 1990; 51 in 1991; 40 cases in 1992; and 15 in the current year. (Panama City EL SIGLO in Spanish 8 May 93 p 55)

According to a Health Ministry report, 450 AIDS cases have been recorded to date in Panama. The total number of cases recorded includes 305 cases that were sexually transmitted. (Panama City EL SIGLO in Spanish 4 May 93 p 29)

#### **Peru**

Ica community has recorded 500 tuberculosis cases during the first quarter of the year. According to unofficial sources, at least 45 percent of the population living under conditions of extreme poverty is currently infected with tuberculosis as a result of poor living conditions. In addition, 15 percent of the total middle class population is also thought to have contracted the disease. (Lima Panamericana de Television Network in Spanish 0300 GMT 9 May 93)

#### **11 - 13 May**

PY1305213693

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Paraguay Bureau from 11 to 13 May.

#### **Argentina**

Buenos Aires TELAM reports in Spanish at 1456 GMT on 13 May that according to the AIDS Prevention and Control Commission, 22 new AIDS cases have been

registered in Cordoba Province so far this year. The total reported in the province since 1986 is 171.

#### **Chile**

Santiago Radio Chilena Network in Spanish at 1100 GMT on 11 May reports that two new cholera cases have been reported in Arica. The total number reported throughout the country in 1993 is 28, according to the Health Ministry.

#### **10 - 21 May**

PA2205195393

[Editorial Report] The following is a compilation of regional health reports monitored by Panama Bureau from 10 to 21 May. Source follows in parentheses after each item.

#### **Costa Rica**

A health official has reported that five new cases of measles were reported in Perez Zeledon, in the Brunca region. The source indicated that the outbreak of measles that occurred in Buenos Aires has been brought under control. (San Jose LA NACION in Spanish 10 May 93 p 6A)

During the weekend of 15 May, health authorities voiced their concern over the appearance of two new cases of cholera in the country in less than 24 hours. Two persons from Alajuela reportedly contracted the cholera virus, bringing the number of cases to 18 since the first case was reported in January 1992. (Hamburg DPA in Spanish 2133 GMT 16 May 93)

A Health Ministry official has reported that so far this year, 137 cases of tuberculosis have been reported in the country. According to a Health Ministry report, 360 cases were reported in 1992, affecting mostly people between the ages of 20 and 25. (San Jose Radio Reloj in Spanish 1730 GMT 17 May 93)

#### **El Salvador**

Health Minister Gilberto Lisandro Vasquez announced that 12 new cases of AIDS were reported in the last two weeks. These cases, he continued, are added to the 900 cases reported since the first case appeared in the country in 1985. The minister urged Salvadorans to adopt preventive measures to avoid the spread of AIDS. (San Salvador Canal Doce Television in Spanish 0300 GMT 15 May 93)

#### **Honduras**

The Public Health Ministry on 15 May reported that four cases of cholera were detected during the week of 9 May, bringing the toll of infected persons to 450 since the first case appeared in 1991. According to the Health Ministry, 46 cases have been reported so far this year, while 19 cholera-related fatalities have been reported since 1991. Health authorities concluded Tegucigalpa,

Nacaome, and El Progreso are the cities most affected by the disease. (Mexico City NOTIMEX in Spanish 1722 GMT 15 May 93)

Health officials on 17 May reported that one person died of cholera over the weekend of 15 May, bringing the death toll to 20 since the epidemic appeared in the country in 1991. Health Ministry reports indicate that so far 453 persons have become infected with cholera. (Mexico City NOTIMEX in Spanish 0140 GMT 18 May 93)

The Public Health Ministry on 21 May warned that there will be 300,000 people infected with AIDS by the year 2000. Officials reported that 2,694 cases of AIDS have been reported since the first case was recorded in 1985. Of this figure, the report continued, one-third have died, one-third are being treated, and a similar percentage is missing. Most AIDS cases have been detected in San Pedro Sula, the country's second largest city. (Panama City ACAN in Spanish 1554 GMT 21 May 93)

#### Nicaragua

Health Ministry authorities on 15 May confirmed an alleged outbreak of cholera on the Costa Rican border, where 20 people have died and 200 have been infected. In an official communique, the Health Ministry only reported the appearance of 14 new cases of cholera in western Nicaragua, bring the toll of infected persons to 780 so far this year. Authorities concluded that 87 cholera-related deaths and 3,915 cases have been reported in Nicaragua, following the death of 18 people during the week of 9 May in various Atlantic coast communities. (Managua Radio Nicaragua Network in Spanish 1100 GMT 15 May 93)

Nine cases of rabies were reported in recently throughout Masaya Department. A few days ago in Pancasan neighborhood, Masaya, a dog infected with rabies bit 10 people, including three children. Six cases of rabies were reported in the Masaya urban area, while three cases were reported in rural communities. Recently in El Pochoti neighborhood, Masaya, a dog infected with rabies reportedly entered a house and bit an entire family as they watched television. (Managua Radio Sandino in Spanish 1830 GMT 18 May 93)

#### Panama

A Health Ministry epidemiologic report has revealed a high percentage of infestation of the aedes aegypti mosquito, responsible for transmitting yellow fever and dengue, in the Panama City metropolitan area, including Pueblo Nuevo, Rio Abajo, Juan Diaz, Parque Lefevre, Tocumen, Bella Vista, and Betania. Regarding the cholera epidemics, authorities reported that no cases were reported in the last 10 weeks. (Panama City EL PANAMA AMERICA in Spanish 15 May 93 p 3A)

One person reportedly died of AIDS in Colon and two cases were detected, according to health sources. Health officials also reported three cases of meningitis and three

cases of tuberculosis in that province. Sources concluded no cases of cholera have been reported in the last 10 weeks. (Panama City CRITICA LIBRE in Spanish 21 May 93 p 17)

#### Peru

It was reported on 20 May that at least 340 people have died of cholera so far this year, most of them in Lima and El Callao, while 3,700 cases were reported from January to March. Health Minister Victor Paredes told the media that although the figures are still high, they are considerably lower than the figures reported in previous years. He concluded that 52,000 cases of diarrhea have been reported this year, while 735 cases of measles have left 18 people dead. (Paris AFP in Spanish 1638 GMT 20 May 93)

### DOMINICAN REPUBLIC

#### Red Cross Director on Increasing Hepatitis B Cases

*FL1405201693 Santo Domingo Radio-Television Dominicana Radio Network in Spanish 1600 GMT 14 May 93*

[Text] The director of the Dominican Red Cross has described as alarming the increase in the cases of hepatitis B the country is experiencing. Maria Rosa Belliard stated that out of every 1,000 people who come to the Red Cross to donate blood or receive medical analyses, between 50 and 60 have this illness. Dr. Belliard said that she is concerned by the increase in the number of hepatitis B cases, particularly since it is a illness preventable through vaccination. She added that the situation is truly difficult and requires that measures be taken to confront it and avoid greater problems. She acknowledged that the cost of the hepatitis vaccine is fairly high and that for this reason a mass vaccination campaign should be conducted as is done with other illnesses such as polio, measles, and tetanus.

### GUATEMALA

#### Four Dead, 25 Sick in Cholera Outbreak

*93WE0358A Guatemala City EL GRAFICO in Spanish 6 Apr 93 p 6*

[Article by Carlos Garcia Urrea]

[Text] Guatemala, 6 April 1993—A sudden cholera outbreak in El Franco, a hamlet in Conguaco, a municipality of the department of Jutiapa, that so far has exacted a toll of four dead and 25 infected persons, has been reported by Rodolfo McDonald Kanter, deputy minister of public health.

The deputy minister believes that this outbreak was caused by the entry of citizens of El Salvador without

health certificates, with the result that the illness has spread quickly in the border zone.

In view of this situation, the Ministry of Public Health has declared a state of alert with respect to the departments of Jutiapa, Santa Rosa, and Jalapa, which may be those most affected by the outbreak.

With the aim of bringing the problem under control as soon as possible, supplies of medicines have been sent to hospitals as well as health and first aid centers, to reinforce their services.

## GUYANA

### Health Ministry Official on Battle Against Cholera

*FL2205162093 Bridgetown CANA in English  
1535 GMT 22 May 93*

[Text] Georgetown, Guyana, May 22, CANA—Guyana has managed to contain, but not defeat, cholera,

according to director of communicable diseases in the Health Ministry, Dr. Tejpratap Tiwari. He told CANA the country had made progress in the 7-month battle against cholera and things had been "pretty quiet" in the past fortnight.

"So far, we have been able to contain (cholera), but not defeat it. It might still be in the environment and might resurface, but I don't know under what conditions," he said.

He noted that countries swept by cholera usually experience quiet periods, but also suffer when the disease re-emerges. He said the Health Ministry had several affected and vulnerable areas, including a district near Venezuela, under surveillance. More than 85 percent of all confirmed and suspected cholera cases were discovered in Essequibo County. Eight cholera deaths were recorded between November 5 and December 31 last year.

**IRAN****Update on Health in Zahedan**

*93AS0449X Tehran ABRAR in Persian 27 Dec 92 p 9*

[Text] Zahedan. IRNA. With the implementation of the antimalarial projects in Chabahar, the number of those afflicted with this disease this year shows a decrease of 30 percent compared to last year. This figure was about 8,000 persons last year.

Dr. Ghaffari, the head of the health and treatment network of the city of Chabahar, made this announcement and said: Prevention of the spread of malaria requires constant effort. Hence, the allocation of the necessary funds and control of individuals who are suspected of having malaria in border areas is the most important way to fight this disease.

He added: The health and treatment network of Chabahar, despite the lack of specialized forces, has been

successful in recent years in the area of reducing infant mortality, which is one of the important health indices. But because of cultural issues specific to the region, it has not been very successful in controlling the population or planned parenthood.

Among the existing health and treatment problems, Dr. Ghaffari cited the lack of health workers in the health centers and added: At the present time, in 67 rural health centers, vaccinations and primary health instructions are given to villagers in Chabahar by health care soldiers. This project has had a positive effect on raising the health level of children under one year of age.

He added: The hospitals of the city of Chabahar, about 700 km from the capital of the province, face shortages of all specialized medical fields.

In conclusion, he considered the shortage of specialists in various health and treatment fields and the comforts to attract these forces as among the problems.

## Diphtheria Incidence Increasingly Ominous

### Immunization Decreed

93WE0321N Moscow NEZAVISIMAYA GAZETA  
in Russian 12 Mar 93 p 2

[Article by Andrey Banduzhiy, under the rubric "Medicine": "Physicians Get Shots"]

[Text] Yesterday, 60 staff members of the State Health-Epidemiological Committee of Russia got diphtheria shots. That measure was not only for preventive purposes, but also for educational purposes. According to a decree issued in February of this year by the chief state health physician, Yevgeniy Belyayev, ("Mass Immunization of the Populace Against Diphtheria"), at least 75 percent of the population must be immunized against the disease in the next 2 years. But the efforts of the physicians in that area often encounter a lack of faith among the populace in the quality of the vaccines being used. In connection with that, the staff members of the Russian State Committee on Health-Epidemiological Inspection decided to become personal examples refuting that misconception.

According to the information of the chief specialist for the management of health-epidemiological inspection, Nadezhda Zhilina, the situation with diphtheria in Russia today can be described as epidemiological. If the morbidity rate per 100,000 population was 0.4-0.5 in the 1980's, it was already up to 2.6 in 1992. Last year, 3,897 individuals contracted diphtheria here, whereas there were only four cases in the United States for the same period of time. Typically, most of those who contracted the disease were 30-40 years of age, even though several years ago, diphtheria was being described as an almost exclusively "childhood" disease. The figures for this year look even more ominous: 477 cases were recorded in the first month of this year, which is 2.7-fold greater than for the first month last year. From 1 January through 10 March, 20 people died of diphtheria, nine of them children. As for cases of post-vaccination complications, Nadezhda Zhilina says that their incidence is greatly exaggerated.

### Epidemic Develops in Moscow

93WE0261F Moscow MOSKOVSKAYA PRAVDA  
in Russian 28 Nov 92 p 2

[Article by L. Arinicheva: "Floating Death"]

[Text] Anyone who has even once had angina, not an acute respiratory infection, but real angina, knows how serious and insidious this disease is. An hour ago you felt wonderful, and now you are lying under two or three blankets, teeth chattering from cold, joints weak, throat sore, and you don't have the strength to get up. Finally, you begin to warm up, but you don't feel any better; chills are replaced by fever, a fever so high that the mercury thermometer cannot read it. It is so bad that you feel your spirit is leaving your body.

Having experienced this even once, I am convinced that you will believe that there is nothing worse than angina, excluding incurable diseases, of course. But the events of recent years, unfortunately, convince us that there is something worse. It is diphtheria.

It, like angina, attacks a person unexpectedly and develops steadily, and at first glance the symptoms are the same. But with angina the worst that happens is a complication in the heart. Diphtheria threatens with death.

According to information from the Chief Medical Directorate in Moscow (CMDM) "during the 10 months of this year 740 Muscovites have fallen ill with diphtheria, including 146 children. We have found 333 bacillus carriers. Twenty-three persons have died of diphtheria, including six children."

For comparison I will present the American statistics. During the past year only four cases of diphtheria were recorded throughout the entire USA. I direct your attention to the fact that the CMDM information was not for the entire country, like for the USA, but only for Moscow.

According to specialists, a catastrophic situation with respect to diphtheria has developed in the capital. It is not an overstatement to call this an epidemic. It has all the signs. The number of cases is rapidly increasing. Whereas in 1989, 94 cases of diphtheria were diagnosed, by the end of this year the number of patients will likely have increased by ten-fold and approach 1000. The number of lethal, that is, fatal, outcomes is also rapidly increasing. Diphtheria has been recorded in all the territories of all the districts of the capital. The victims include Muscovites of virtually all ages and occupations.

How is diphtheria contracted? By contact or air-borne droplets. Any of us can be infected with the terrible disease by eating in a cafeteria, or even more simply, by exchanging a few phrases with a passerby on the street, a passenger on the bus, in line for bread...

The diphtheria microbes are floating around us. The further the bony tentacles of the epidemic spread, and this trend is clearly traceable, the more the floating death will be found around us. The people cry out, "Lord! Save us!" from recognition of their own weakness and fear for the lives of their children and loved ones.

*Saving the drowning is work for those drowning themselves*

At one time my colleagues reproached me for my deep respect for physicians. They said that in my articles I needed to express more joy for the health of Muscovites rather than focus on the interests of physicians. It was duly noted. I have the deepest respect for people who, in spite of slovenly conditions, have not changed their humane profession. But the diphtheria epidemic that is exploding around us has revealed such defects in the

municipal public health system, that with all my sympathies for physicians, I cannot reproach them. Dozens of lives have been taken by diphtheria, it is sad to write, due to the incompetence of many physicians. Not all, of course. For example, a memorial to Maya Pavlovna Korzhenkovaya, director of the Diphtheria Treatment Center, could be erected for her life of miracles that she has wrought in combat with the horrible disease. But there are also the terrible doctors that cannot differentiate between diphtheria and angina.

A five-year-old child was taken to the hospital with an inaccurate, as it was later revealed, diagnosis—lacunar angina and epidemic parotitis, commonly known as mumps. The physician in the admitting confirmed that the girl had angina, but instead of mumps he suspected faucial diphtheria. With both of these diseases the parotid glands and the neck swell. The ear-nose-throat physician examining the child did not rule out diphtheria, either. Six hours passed while the doctors debated and dressed. When they finally began to give the small patient the anti-diphtheria serum it was found that valuable time had been lost. The disease had progressed. In spite of using the most modern treatment methods, the girl was dead within 2 weeks.

Specialists analyzed twelve cases of death from diphtheria in adults. Pre-hospital diagnosis was acknowledged to be unsatisfactory. Only upon repeat visit of these patients to the polyclinic, when their condition deteriorated, was diphtheria suspected, but only... in three of the twelve.

I do not write this in order to undermine the authority of Russian doctors. Throughout the world it is acknowledged that our physicians, who work under conditions of unbelievable poverty and lack the elementary equipment and drugs necessary, deserve our praise in most cases.

Why are they lost when it comes to diphtheria? After all, diphtheria has been with us for a long time. It is because for more than 30 years there has not been a single case of hypertonic diphtheria in Moscow. And it is this form of the disease that is now widespread. During this time there have appeared entire generations of physicians who have never seen a diphtheria patient. In the memory of not only physicians, but also the public, this disease, like the plague and cholera, was conquered long ago.

But bitter reality proves the opposite—the fatal diphtheria is again floating around us, and again taking lives. Are we really going to be forced to live, shuddering from the thought that suddenly one of our loved ones may become a victim? Is there no way to protect ourselves?

We can protect ourselves and it is rather easy. We need to be vaccinated. It has been established that only those that have no immunity to this disease die. If vaccinated people do fall ill, they have a mild form of the disease and quickly recover.

*Think and judge for yourselves*

Mass vaccination of the public against diphtheria and other infectious diseases began in our country in the mid-1950s. The results were quickly seen. By the 1970s diphtheria had been eradicated from our lives. And after a decade this disease has returned. Why? Deterioration in the epidemiologic situation in the city occurred because of migration processes. This is what the specialists think. It is believed that the epidemic began with several cases of diphtheria among soldiers called to military service from the Caucasus and Central Asia. We know that in these regions the vaccination level against infectious diseases among the public was always low.

The streams of fugitives and merchants flooding Moscow have brought with them an epidemic danger. The situation is also an emergency because almost all of the population in the capital who were at one time vaccinated, have lost their immunity to diphtheria. After all, the effect of the vaccination is limited to 10 years. Today virtually every adult Muscovite is susceptible to diphtheria, moreover, to the most serious form of the disease.

In spite of the fact that we have not ceased vaccination of Moscow children, the threat of diphtheria hangs over them. The point is that only 34 percent of year-old children and 41.7 percent of three-year-olds have been vaccinated. The rest are unprotected. Why?

It is a heated discussion. Some children have a medical reason against vaccinations, for example, those who suffer from allergies, and others... We recall the recent campaign in the press against vaccinations. When the infamous biologist Chervonskaya announced the harm of vaccinations, many of us rushed to familiar doctors in order to get at any price a medical certificate for a child, releasing him from vaccinations.

We are not the ones to judge whether Chervonskaya was right. Let educated men figure this one out. But there is a point which would be stupid to disregard. Medical statistics have never recorded a single case of a person dying from vaccination, but diphtheria has already taken dozens of lives. And it won't stop there. There is a Russian saying: "Of two evils, take the lesser."

The people have the opinion: if we are going to be vaccinated, then only with an imported vaccine; ours are dangerous. Here is what a specialist, who got the information from the horse's mouth, has to say:

"This past spring, experts from the World Health Organization came to Moscow," says Moscow chief epidemiologist I. Andreyev. "They sent our vaccines—DPT, DT, and DT-m—abroad. There they carefully tested them in the laboratory, after which they sent their conclusion. It stated that the DPT vaccine produced in Russia fully met WHO standards. Moreover, Muscovites should know that the vaccines are given only with disposable syringes."

Consequently, we have nothing to be afraid of. Those who do not want to become a victim of diphtheria

should get a vaccination today. Here, like in other countries, this is voluntary. But in many other countries, where the government is seriously concerned about the health of its people, the conditions have been laid in which even a person that is not very concerned about his health is forced to become vaccinated. For example, in the USA you cannot be employed or attend school if you have not been vaccinated. Because today, that is the only means of protection against diphtheria.

And what is to become of the children with a release from vaccinations? In the first place, we, the parents, should not be overly concerned. Let them throw out the falsified certificates, if they value the life of their child. And those who have children that are actually weakened, I will give you the address where you can get assistance. In Moscow a municipal immunologic center has been established. Its address is Uspenskiy Pereulok, 16, telephone 299-28-56. These centers have been opened in each administrative district. There the immunologists test blood drops for the presence of antibodies to diphtheria. Weakened children are given the respective treatment and at the best time are given an inoculation of the life-saving vaccine. The letter "m" is added to its name.

I would not be surprised if after publication of this data, Muscovites started to call the editor, concerned about the great catastrophe of diphtheria that is occurring in our city. They learned of it accidentally, after reading "Moskovskaya Pravda." Why didn't the physicians ring the bell with all their might? Why weren't postcards placed in the mailboxes of Muscovites, warning of the danger and inviting them to the polyclinics?

Of course, we cannot blame the health workers for complete inactivity in this. An Emergency Anti-Epidemic Commission has been established in Moscow. The Chief Medical Directorate sent instructions throughout the district for giving the vaccinations. However, as noted in a resolution of the board, this work was not satisfactorily conducted. Evidently the time has come to punish the slack personnel. It is too high a price to pay for the unsatisfactory, as stated in the documents, performance of service duties.

And, dear Muscovites, you and I need to remember that God saves the saved. We will not wait for invitations from the physicians who have been just rolling along until now; we will go to the polyclinics ourselves for protection from the floating death.

#### **Epidemic Feared in St. Petersburg**

93WE0226E St. Petersburg NEVSKOYE VREMYA  
in Russian 28 Nov 92 p 2

[Article by Galina Orlova, press secretary for the Administrative Committee for Public Health: "Petersburg Threatened by Epidemic?"]

[Text] A dramatic rise in incidence of diphtheria has been observed since the autumn of 1990.

In 10 months of this year, there was a 23-fold increase in number of cases, as compared to the same period in 1990: 535 recorded cases (429 adults and 106 children of Petersburg up to 14 years of age). Individuals in occupations that deal with the public—merchants, reporters, employees of preschool and adolescent institutions, institutions of higher learning, trade, services to the public, etc.—constitute the high risk groups.

There were 6 deaths due to diphtheria in Petersburg from 1989 to 1991, and 11 in the 10 months of this year. In October alone there were 140 recorded cases (this is the highest level in the last 3 years), and two men 41 and 45 years of age expired. There were 2 deaths in November—a 2-year-old boy and 49-year woman.

In the opinion of Petersburg physicians, if mass-scale immunization of the adult population against diphtheria is not carried out from December 1992 to April 1993, an epidemic will strike the entire city and take the lives of many residents.

#### **Outbreak in Chekhov Rayon**

93WE0321F Moscow KURANTY in Russian 4 Dec 92  
p 2

[Article by A. P.: "Epidemic Outbreak in Chekhov Rayon"]

[Text] As reported to our correspondent at the oblast health-epidemiological station, the number of people with diphtheria in the Chekhov Rayon is observed to be on the rise. In fact, we were assured that it is too early to speak of an epidemic: The number of infected individuals slightly exceeds the average statistical figures for the area around Moscow.

The epicenter of the outbreak of diphtheria is in the settlement of Meshcherskoye, where, by the way, a psychoneurological dispensary is located. Representatives of the health-epidemiological station feel that that dispensary is the source of the infection, because the first few cases of the disease were identified there, in the dispensary.

Physicians of the Chekhov Rayon are doing everything possible to prevent an epidemic. Specifically, they have decided to give diphtheria shots free of charge at enterprises and in hospitals.

#### **Moscow 'Danger Zone' for Hemorrhagic Fever, Malaria, Rabies**

93WE0225B Moscow NEZAVISIMAYA GAZETA  
in Russian 5 Nov 92 p 6

[Article by Nikolay Ulyanov: "The Ration for Mice and Rats Has Been Approved"]

[Text] Anatoliy Tyazhlov, the administrative head of the Moscow suburban region, is overly concerned by the situation on the front of the struggle against mouse-like

rodents, household insects and blood-sucking mosquitos. Laxity in collecting, storing, transporting and recycling food wastes led to the colossal spread of this abomination over the oblast's territory. And as a consequence, the Moscow suburbs have become a danger zone in relation to natural focal and transmissible diseases (hemorrhagic fever, rabies, malaria etc.). Regardless of subordination and forms of ownership, directors of organizations and institutions must sign contracts prior to 1 January of next year with preventive disinfection divisions of centers of the State Public Health and Epidemiological Inspection Committee. Next year 120 million square meters of the oblast's territory will have to be treated. This will require 180 tonnes of food products from which to prepare mouse bait. The recipe is simple: flour, bread, granulated sugar, vegetable oil and groats (barley, oatmeal, millet).

### **Hemorrhagic Fever in Nizhegorod Oblast**

93WE0226C Moscow *IZVESTIYA* in Russian  
23 Jan 93 p 2

[Article by Lidiya Ivchenko, *IZVESTIYA* [correspondent]: "Rare Diseases Are Appearing More Often"]

[Text] We often hear rumors about mysterious infections. It is useful to discuss one of them. As has already been reported, 62 cases of hemorrhagic fever, a serious infectious disease of the kidneys, have been recorded in Nizhegorod Oblast.

Among the victims there are 33 children attending two schools in Voskresenskiy Rayon. In spite of timely medical care, one of them could not be saved.

As explained by the State Committee for Sanitary and Epidemiological Oversight of the Russian Federation, this outbreak was related to endemicity. There are entire territories where this infection always circulates; rodents are the carriers. When the incidence builds up in the field due to mass scale infection of animals, particularly mice, humans also become victims. Mice come up to housing areas and spread infection.

The deputy chief of the Board of the State Committee for Sanitary and Epidemiological Oversight, Ye. Kotova explains: "When cleaning house, the infection penetrates into the respiratory tract in dust. For this reason, it is imperative to wet-mop rooms thoroughly, since there are no special preventive agents against this virus nor specific treatment. The main thing is to minimize contact with rodents, and it is very difficult to control them in the wild. For this reason, first of all there must be hygiene, knowledge on this score, and particularly in regions with endemic sites, such as Saratov Oblast, Bashkiriya, Udmurtiya and others.

All victims were hospitalized and they are receiving appropriate treatment. Since the infection is well-known there, no mistakes are made in diagnosing it.

### **Influenza Epidemic Anticipated in Moscow**

#### **Preventive Measures Urged**

93WE0226D Moscow *IZVESTIYA* 21 Jan 93 p 6

[Article by Lidiya Ivchenko, *IZVESTIYA* correspondent: "Influenza: Not an Epidemic Today, But Tomorrow...."; first paragraph is *IZVESTIYA* introduction]

[Text] After a lull, influenza has made itself known. This time, it is a "homegrown" infection, it was not brought in from distant places.

The virus of influenza circulates in nature constantly, and a rise in incidence of this disease occurs only under certain conditions, when it sometimes becomes an epidemic. At the present time, there has been a 2-3-fold rise in incidence of flu in Kaliningrad, Ufa and Murmansk, which exceeds the adopted mean for this season. On the whole, the flu situation in the nation is characterized by the State Committee for Sanitary and Epidemiological Oversight as nonepidemic: there is the usual seasonal rise in acute viral respiratory infections, including influenza. In the case of epidemics in large cities, there are usually 30,000 to 100,000 cases of flu daily, but in Moscow, for example, hundreds of its victims seek medical attention daily at the present time.

Ye. Kotova, deputy chief of the board of the State Committee for Sanitary and Epidemiological Oversight states: "But the rise in incidence of influenza and isolation of its pathogen—type A virus in Omsk, B in Astrakhan, Murmansk, and Kurgan—is indicative of activation of the process and, epidemics may occur in late January and early February. They are possible but not certain. Nevertheless, one should be prepared. Preventive measures could reduce to a minimum the harm of an outbreak, if not prevent it. The Ministry of Health is issuing recommendations and orders: such preventive and therapeutic agents as remantadin, dibasol and oxolinic ointment must be on sale in pharmacies. One should not overlook vitamins, particularly ascorbic acid, which is the most essential agent for all diseases, since it enhances resistance of the body. If possible, one should also avoid overcrowded areas.

#### **Epidemic Starts in Moscow**

93WE0226G Moscow *KOMSOMOLSKAYA PRAVDA*  
in Russian 27 Jan 93 p 1

[Article by O. Saprykina: "KOMSOMOLSKAYA PRAVDA Warns Us That Holding Our Noses Downwind Is Hazardous to Health"]

[Text] Slowly but surely a flu epidemic is moving toward Moscow. About 90,000 Muscovites visited polyclinics last week with this illness, i.e., approximately every 100th resident. However, the true epidemic is yet to come.

According to S. Serzhenko, epidemiologist at the Moscow Municipal Center of the State Committee for

Sanitary and Epidemiological Oversight, these indicators are still 28 percent below the threshold of epidemic morbidity. Physicians expect a larger number of cases of influenza and acute respiratory disease in early to mid-February. And, while the epidemic lasted 1.5 weeks last year, it is projected that it will stretch out to almost a month this winter. Incidentally, one can already encounter the most careful Muscovites in the subway—they wear gauze masks and unseasonably warm clothing.

### **Deputy Environment Minister Warns of Disease Outbreak Danger**

93WE0335A Moscow ZELENYI MIR in Russian  
No 6, 1993 p 4

[Interview with Russian Federation First Deputy Minister of Protection of the Environment and Natural Resources Aleksey Filippovich Poryadin by correspondent N. Filimonova; place and date of interview not given: "Dirty Flood"]

[Text] Russian Federation First Deputy Minister of Protection of the Environment and Natural Resources A. F. Poryadin warns of the danger of mass infectious diseases this spring in an interview with ZELENYI MIR correspondent N. Filimonova.

**Filimonova:** Aleksey Filippovich, in recent conferences and meetings you have been talking with growing concern about the impending high-water period. Why?

**Poryadin:** Let's recall previous years. Early April 1989: Poisoning of water in Ufa became known to all. In late March and early April, the water supply was shut off or significantly reduced on a regular basis in Tomsk, Kurgan, Tyumen and other cities.

At the beginning of the century, when water mains were installed everywhere in Russia, mortality indicators declined noticeably. What they say is true—that water is life. Good water. But it can also become a principal carrier of infections.

The period of spring melting of snow has always brought about a worsening of the public health situation. Everything that had accumulated on the ground surface during the winter winds up in the water at this time. Moreover as soon as the ice begins to break, many enterprises dump wastes from their sludge and oil storage units and from other storage sites into neighboring water basins.

The reliability of spring water supply sources, whether or not the needed equipment is available and whether the procedures for improving the quality of drinking water have been worked out are all very important. Avoidance of mass infectious diseases depends on this.

**Filimonova:** Why does this particular high water period elicit special alarm—more so than in previous years?

**Poryadin:** For several reasons.

First: The water itself will be dirtier than usual. The overall public health situation in cities and population centers worsened significantly in recent years. Even in Moscow. Garbage is rarely picked up.

Our dumps are like delayed-action mines. To you, this is simply dirt that is unpleasant to look at, and which can soil your clothes, but I think about the infections that this dirt contains, and about the chemical processes going on within it.

Industrial wastes, including toxic ones, are often hauled away and stored in violation of all rules and regulations. The perpetually smoldering dumps have an extremely deleterious effect on the environment, and this effect can increase several times over during the high water period.

The second reason: The possibilities of centralized water supply systems have decreased significantly. The rate of construction of hydraulic engineering and water protection facilities is falling, and things have been especially bad in the last two years. The load on facilities already in existence is continually growing, and they are working beyond their normal load, in forced mode. Naturally all of this creates the danger of breakdowns, accidents and other unpleasantness.

Third: In order to obtain drinking water from this highly contaminated water, you must have sophisticated production processes. And mainly, a sufficient quantity of reagents. But we used to get most of our coagulants and flocculants from the former Union republics, primarily Ukraine and Turkmenia, but now these ties are either highly more complex, or they are broken altogether. Our water management administrations found themselves in a complex situation: An acute shortage of reagents came into being. There are not even enough simple disinfectants—liquid chlorine for example—to go around.

**Filimonova:** But medicine is not enjoying any progress today either. Organizations of the Ministry of Health are hardly ready for a sharp worsening in the health of the people.

**Poryadin:** When I recently met with Russian presidential advisor A. V. Yablokov, we very carefully sorted through the variants of the solution to this problem. The sad thing is that all measures that we feel to be necessary require considerable financial, material and labor resources, while the results would become visible in not less than a year. What we are talking about for practical purposes is fundamental modernization of all water supply systems.

**Filimonova:** Does this mean that we will not be able to get anything done this year?

**Poryadin:** I discussed these matters with executives of the nature protection procuracy in Tver in the first half of February. And we agreed on some very efficient and decisive joint actions.

There are some clear violators of nature protection legislation who are openly creating a danger to water

supply sources, or who are capable of creating one. We know who they are. They will be the ones who will be under 24-hour surveillance by our organs locally. In this case we will act jointly with the public health and epidemiological inspection committee. We have also reached agreement with the leadership of this committee, and we drew up a plan of cooperation for the next two or three months. Circular letters have been sent to all territorial subdivisions of the Ministry of Protection of the Environment and Natural Resources and the State Committee for Public Health and Epidemiological Inspection. These letters call for immediate spot-checks of all potentially dangerous enterprises and organizations. This pertains primarily to livestock farms that have accumulated an enormous quantity of wastes over the winter, and to enterprises of oil refining, metallurgical and chemical industry. They themselves know quite well the kind of threat they pose to society in the ecological aspect. Our task is to make them understand that this year they cannot hope to go unpunished if they dump their wastes in violation of the adopted rules and regulations.

**Filimonova:** But what if the directors of these enterprises do not take your warnings seriously?

**Poryadin:** The local authorities of the population centers where the threat of water contamination is the highest—primarily in the lower reaches of the Volga and the Don—need to put some thought right now into how they can provide the people with individual or shared devices for improving drinking water quality. Luckily Russia is still producing small Rodnik water treatment filters. If so desired, their production could be organized rather quickly in other places as well. If a situation similar to that in Ufa arises somewhere, they will be simply irreplaceable in apartments, hospitals, children's institutions, public food services enterprises and so on.

Of course, the Rodnik filter will not solve the problem. It is a unique sort of oxygen mask that can save us only at a critical moment. But save us it will. And in parallel, we need to tackle technical improvement of the entire water main system head-on.

**Filimonova:** Which will require considerable financial outlays, and as we know, there is no money in the budget, and none is foreseen.

**Poryadin:** Our water pipeline services have always been financed on the basis of the residual principle, which has discredited itself. The health of too many people depends directly on the quality of drinking water. This problem needs to be addressed at both the federal and the local level, but the main financing sources must be found by municipal authorities.

When a dangerous situation evolves, it is very important to identify it, and to act adequately. Confusion and bustle in emergency situations elicit enormous complications. This is why we are "playing through" all of the possible consequences of the impending high water—there is still time to take the necessary steps.

### Heliotrope Hepatitis in Southern Tajikistan

93WE0308A Moscow *MEDITSINSKAYA GAZETA*  
in Russian 12 Mar 93 pp 1, 5

[Article by special correspondent Fedor Smirnov: "Tajik Tragedy: Report From a 'Hot Spot'"]

[Text] How has it happened that as the 20th Century comes to its end, people are mercilessly exterminating one another in the expanses of what used to be the USSR? The answer to this question is not a simple one—every conflict is tragic in its own way, you see. The war in Tajikistan, which flared up 8 months ago, is doubly tragic. The problem is not only that this is a civil war. In terms of its destructive consequences it is already ahead of Osetia, Abkhazia, the Dnestr region and even Karabakh. The war in Tajikistan has taken away the lives of around 30,000 people, while around 600,000 are missing or have become refugees. And as for the number of homes that have been destroyed and the damage done to the republic's national economy, it is hard to say anything yet even approximately. One of the consequences of the fratricidal war in Tajikistan is heliotrope hepatitis, which is raging in the south of the republic and which has stricken around 5,000 people. The adults are warring, the children are suffering.... A total of over 2,000 persons with heliotrope hepatitis are now lying in Parkharskiy Rayon Hospital.

### The Seeds of Enmity

Few fully understand what is happening in Tajikistan—information coming from there is scanty, and often contradictory. To obtain information first hand, Tajikistan was visited in February by a group of journalists from Russia, the US, the FRG, Japan, China and other countries at the invitation of Tajik Supreme Soviet Chairman E. Rakhmonov. The group also included a correspondent from *MEDITSINSKAYA GAZETA*, for which we express our gratitude to Tajikistan's representation in Moscow.

Most Tajiks consider the leaders of the Islamic opposition to blame for the fratricidal war. It was they who sowed the seeds of enmity in the hearts of people that produced poisonous sprouts. Politicians were able to cause inhabitants of the republic's Kulyab and Garm regions to collide with one another.

Attempts at imposing Islamic fundamentalism upon Tajikistan have had their effects on public health as well. One of the program goals of the opposition was to establish Islamic hospitals. What this meant was not initially understood. However, it gradually became clear that it meant replacing hospital directors and even ordinary doctors who do not share the ideas of Islamic fundamentalism. Events in the Sovkhoz imeni XXV Partysyezd in Kurgan-Tyube Oblast are a clear example of this.

"Twenty-three doctors originally from Garm announced a strike that lasted around 3 weeks. They managed to

achieve the dismissal of the local hospital's chief physician, an experienced specialist with a 20-year career, simply because he was an Uzbek," explained S. Sharifov, a major in the Tajikistan National Security Committee. "And the chief physician of the rayon polyclinic of the city of Kuybyshev in Kurgan-Tyube Oblast was seized by armed followers of the opposition in October of last year. His subsequent fate is unknown to us...."

### Catastrophe in the Vakhsha Valley

Some 40-50 years ago, the Vakhsha Valley was a lifeless semidesert. People were able to develop this land by installing a whole system of canals, and they cultivated cotton, fruits and vegetables. Today it seems that people have made it their goal to transform the Vakhsha Valley back into a semidesert.

At one time the Turkmenistan Sovkhoz was one of the largest in the republic, employing over 10,000 persons. Only a few are left today. Almost all dwellings have been destroyed, and last year's cotton never was harvested. The Islamic opposition transformed the sovkhoz into its own base, blocked the roads, conducted reprisals here against the objectionable, and burned down their homes. Several mass burials were discovered here. People were cruelly tortured in the sovkhoz's Palace of Culture, which was converted first into a torture chamber and then into a concentration camp. In the baths, the rooms of which were used as torture cells, prisoners were forced to breathe steam laced with a high concentration of chlorine. Dozens of people were carried in trucks to the territory of the water treatment plant and executed there. No one buried them for months, and the corpses became sustenance for starving dogs. People's ears were cut off, they were flayed, soaked in gasoline and burned alive, and pregnant women were disemboweled. Can all of this really be forgotten and forgiven?

A few months ago 43-year-old Supkhon Sharipov, an ambulance driver from Kulyab, changed his specialty—he now drives an APC belonging to the Tajikistan People's Front.

"I have children, and I don't want them to go through what we have gone through. That's why I am here in this APC," said Supkhon. "We need to kill off the opposition, because it has caused my people too much grief. I'm certain that victory will be ours."

You must agree that there is something unnatural in the fact that there's a greater need in Tajikistan today for driving APCs than ambulances.

### Refugees and Bread Poisoned by War

An enormous number of refugees is one of the typical features of the civil war in Tajikistan. Many of them crossed the Tajik-Afghan border, which was practically "transparent" a few months ago. Tajikistan's present leadership asserts that most refugees abandoned the republic contrary to their wishes, with the encouragement of assault rifle muzzles. The opposition frightened

many inhabitants of Garm and the Pamirs by the threat of reprisals by people from Kulyab. Men wind up in special camps in Afghanistan, where they undergo training as armed freedom fighters to support the Tajik opposition. And young women and girls are bartered in Afghanistan for weapons.

Tajik authorities are appealing for the fastest possible return of the refugees, whom they consider to be their brothers. Steps are being taken for this at the international level, along the lines of the United Nations. And they are producing a positive result—several thousand refugees have already returned to their homeland.

As we know, one bad thing always leads to another. When military operations ceased over the larger part of Tajikistan's territory at the end of last year, a new misfortune arose—heliotrope hepatitis broke out in the south of the republic. Khatlonskaya [transliteration] Oblast's Parkharskiy, Voseyskiy and Moskovskiy rayons suffered from it especially strongly. A total of around 5,000 persons were stricken by heliotrope hepatitis in these rayons, and over 70 have already died. How did this very rare and extremely dangerous disease arise?

An acute shortage of food was felt in the southern rayons of Tajikistan due to the 7-month blockade by that region's opposition. Because combat operations went on without letup throughout all of the summer and fall, the wheat yield was harvested later than usual, and the grain became poisoned by a toxic weed—heliotrope—which had matured by that time. Bread made from untreated wheat became the cause of the outbreak of toxic hepatitis of heliotrope etiology. Of course the victims themselves adhere to another point of view—they unanimously assert that the opposition had poisoned the grain.

Entire sovkhozes and kolkhozes in the south of the republic have been stricken. The disease proceeds very severely, and liver function is impaired to such an extent that large quantities of fluid accumulate in the abdominal cavity. The abdomen swells like a balloon, and patients suffer terrible agony.

Patients now have to be put up not only in hospitals but also in outpatient clinics, schools, children's nurseries and hotels. The worst cases are carried to Dushanbe, where they are treated in the republic's Gastroenterology Institute and hospitals. The republic's Ministry of Health is doing a great deal to fight the disease. Tajikistan Public Health Minister A. Akhmedov and the republic's leading gastroenterologists, who give lectures to local doctors on the treatment of this disease, regularly visit the regions suffering from heliotrope hepatitis. In February these regions were visited by Russian Minister of Defense P. Grachev. He organized medical assistance to victims by Russian Army subunits stationed in Tajikistan. The republic was not left to suffer its misfortune alone: Humanitarian assistance is coming in from many countries of the near and far frontier, and representatives of the International Red Cross and the Red Crescent are presently working actively in Tajikistan. Uzbek

medical personnel have set up a 50-bed mobile hospital in rayons stricken by heliotrope hepatitis. Joint efforts have produced a result—in recent weeks the disease began to retreat.

#### A Hospital at Its Peak

The Republic Clinical Hospital imeni A. M. Dyakov. As of the beginning of February there were around 80 heliotrope hepatitis patients here, including 40 children. The treatment course includes strict bed rest, a diet rich in proteins and carbohydrates, vitamin therapy, hepatoprotectors, and detoxifying, diuretic and, when necessary, hormone preparations. Treatment of the patients is proceeding successfully, and many have already been released. Moreover interviews with the patients themselves persuade us that they are being provided high quality care in this hospital. A woman from Parkharskiy Rayon said that she had been ill for 2 months, and it was not until she had undergone 15 days of treatment here in the Hospital imeni Dyakov that she began to feel some improvement. Many are lying in the wards together with their children, who are also ill.

Besides patients with heliotrope hepatitis, in February there were 30-40 patients in the republic's clinical hospital with gunshot wounds received in combat. This is significantly less than 2 or 3 months ago, when all hospitals were strained beyond capacity with the wounded. It was very difficult then—due to the absence of gasoline, ambulance services were paralyzed, and the doctors themselves were afraid to travel to the locations of patients: There were many cases of seizure of ambulances by armed bands in Dushanbe. Now the situation has normalized somewhat, though full stability is still far away. Martial law has been imposed over the city, and automatic fire can often be heard at night.

"How have the events in the republic affected the health of the people?" I asked Asadullo Tiloyev, a therapist at the republic hospital.

"We often get refugees with pneumonia and bronchitis. That's understandable—they often have to curl up wherever they can. The number of ulcer cases has increased—after all, people are undergoing the highest stress today due to the events in the republic. Many suffer protein starvation: There were major interruptions in bread supply in the city. Immunity is down, and entire families now suffer influenza, while in former times this was very rare here. Things are difficult with medications, particularly antibiotics, of which only penicillin has been constantly available to us. For the moment only humanitarian assistance is getting us through. We are laying our hopes on the new minister of health, who is actively working today on medicinal support."

#### In Lieu of a Postscript

Today Tajikistan has begun healing the wounds of war. It will obviously take a very long time for the republic to recover—the damage has been too great. Moral and material damage, to the country as a whole and to each

citizen taken separately. The most serious loss was the blow upon the nation's gene pool. Consider how many doctors, scientists, engineers and teachers have died or left Tajikistan. Moreover it is still too early to say that the tragic events have ended: Armed collisions continue in some of the republic's regions. In Ramitskoye Canyon for example—just 50 km from Dushanbe. The government is making every effort to stop the mindless bloodshed.

The main task of medical personnel at the present stage is to restore the health of the victims of the tragic events, and to alleviate the consequences of psychological and emotional stress in people. Though the latter depends not only on the doctors but also on the future development of the situation in the republic. Still, we will hope that worst period is already behind us.

One can often hear it said today: "How much can you talk and write about these interethnic conflicts, we've already had enough of it! Let these Tajiks (Azerbaijanis, Armenians, Georgians, Abkhazians) sort things out for themselves, we're not interested." It is difficult to agree with such an opinion.

But ultimately, the problem is not limited to this alone. Good or bad, we all lived together in the same country for a very long time. Have we really become so callous that the grief and suffering of our compatriots (I am reluctant to use the word former) leave us indifferent? I would want to believe that we have not forgotten what it is to be sympathetic. Otherwise, what sort of people are we?

P.S. At the time this article was being prepared for publication, it became known that peace, albeit fragile, was finally established over all of the republic's territory. As far as heliotrope hepatitis is concerned, over half of the patients have already been cured.

#### Kazakh Health Services Review Infectious Disease Problem

93WE03210 Moscow *RABOCHAYA TRIBUNA*  
in Russian 17 Mar 93 p 3

[Article from Postfaktum [Postfactum] Information Agency: "Everybody Loves Spring. And So Do Infections"]

[Text] A complex ecological and health situation has come about in Kazan. That subject was discussed at a meeting of representatives of various city services associated with health and epidemiology in Kazan. Disease—to include infectious disease—is noted to be on the rise. In 1992, a total of 450 cases of tuberculosis were recorded, and of those, 25 were in commerce and public catering; rabid-dog bites were up twofold over those in 1985. A serious threat is presented by the growth of pediculosis morbidity, in connection with which there is a dramatic need in the city for setting up a shelter for the homeless.

### Tuberculosis in GULAG

93WE0225D Moscow MOSKOVSKIY  
KOMSOMOLET in Russian 16 Sep 92 p 2

[Article by Valeriy Abramkin: "The GULAG Lives On: Thousands of Prisoners Are Spitting Up Blood"]

[Text] Just 40-60 years ago tuberculosis was considered to be as incurable and terrible disease throughout the world as AIDS is today. There was a fear of coming into contact with tuberculosis patients and sitting together with them at the same table, and they were refused apartments or even travel in the same railroad compartment.

In the early 1950s the USA created the first effective pharmaceutical against tuberculosis—streptomycin. A little later (in 1957) streptomycin also began to be produced by Soviet pharmaceutical industry. The effectiveness of curing tuberculosis increased to 80-90 percent, and the phobia against tuberculosis went into decline. In the 1970s-1980s tuberculosis cases became almost sporadic in most developed countries.

The successes of Soviet medicine were also impressive. In the early 1980s you could encounter posters in tuberculosis clinics stating: "USSR—the country that vanquished tuberculosis." But before even 10 years passed, this slogan could be taken as a joke. There are now several million tuberculosis patients in countries of the former USSR, and the situation is so acute that the Russian Ministry of Health has been forced to draft the "Tuberculosis in Russia" program. Specialists feel that the incidence of tuberculosis will increase in the next few years in all countries because "Koch's bacillus" has entered an active phase of its aggressive cycle (which lasts 220 years). For example last year in the USA the incidence of tuberculosis doubled.

However, the rate of expansion of tuberculosis is significantly greater in Russia than in other countries (the incidence of tuberculosis increased here in 1991 by four times). This is doubtlessly associated with the overall drop in standard of living in recent years, but there is one other reason for the tuberculosis epidemic, one which residents of the former USSR became aware of not that long ago. In June 1990 the USSR Procuracy first published information on the spread of tuberculosis in the GULAG: The incidence of tuberculosis in Soviet prison camps is 17 times higher than in the public at large, and mortality due to this disease in the camps is 10 times higher; one out of every eight prisoners of the USSR has tuberculosis. If we consider that the number of prisoners in the USSR has now attained 1.6 million individuals, the official statistics were a shock. However, prison phthisiatrists (specialists in tuberculosis) believe that the authorities have made the situation in the GULAG look better than it actually is.

According to an estimate by Natalya Vezhnina, the chief physician of Russia's largest tuberculosis clinic caring for 1,500 inmates, 70 percent of inmates have tuberculosis,

and the incidence of tuberculosis in the GULAG is 35 times higher than outside it, the cure rate is only 20-30 percent for this disease, while for the most severe forms it is only 3 percent.

Such that it can be stated with full certainty that a tuberculosis epidemic is raging in our prisons and camps. Moreover in Vezhnina's opinion this epidemic could spill over into the public at large at any time. The fact is that only 7-10 percent of tuberculosis patients released from confinement are put on record in antituberculosis dispensaries and continue with their treatment; the rest become carriers of the disease, and unlike what is true for AIDS, you can't save yourself from tuberculosis with a condom (tuberculosis is readily transmitted by aerosol). Moreover, two-thirds of prison hospitals are in buildings erected back in the 18th-19th centuries, or in former Stalinist camps, where water supply piping and sewer systems are absent or not working properly. As a result infectious sewage is dumped right into the rivers. The situation is so bad that in the most immediate future Russia may expect to witness a national tuberculosis catastrophe.

The causes of tuberculosis in prison camps are diverse. First of all there are the difficult living conditions of the GULAG, the insufficient and incomplete diet, the poor medical services, exhausting slave labor, torture of inmates, widely employed in Russia's penitentiaries, and the continual stress. The conditions in Russian prisons and camps are so horrible that some inmates deliberately infect themselves by buying sputum from patients suffering the overt form of tuberculosis and mixing it with their food in order to get the disease. The fact is that tuberculosis patients get better food, and are released from work. There are many cases of refusal of treatment for the same reason (inmates throw away medications issued to them).

But there is one other cause of the tuberculosis epidemic that was revealed in the course of preliminary research conducted in the last 2 years by the "Sodeystviye" ["Assistance"] public center.

The high incidence of tuberculosis is the result of purposeful actions by prison and camp personnel, and of existing penitentiary policy and practice directed at destroying certain groups of criminals and prisoners.

When buildings are erected in many prisons and camps for the punishment of "violators" (punishment cells, penal isolation cells, PKT [not further identified]), special steps are taken to create elevated humidity, poor ventilation, low temperature in winter and high temperature in summer in these spaces. For example salt or other chemicals are mixed into concrete and slurry during construction, the floor is laid beneath ground level, the first waterproofing layer (roofing material) is laid at ceiling level, poor heating systems are installed, windows are blocked with sheet iron, and so on. Patients with the active form of tuberculosis are placed in the same cells with healthy inmates in spring and fall. At the

direction of workers of the operations section, doctors who reveal disease in an inmate do not report it to him, they do not prescribe treatment to him, and they do not send him to the hospital.

All of this means that Russian camps are camps for the destruction of people, and the GULAG is working essentially at undermining the health of the entire nation, and setting the stage for the spread of the tuberculosis epidemic outside the prisons into the public at large.

### **Increase in Tuberculosis in Pskov Area**

93WE0321I Moscow NEZAVISIMAYA GAZETA  
in Russian 16 Mar 93 p 6

[Article from Severo-Zapad [Northwest] Information Agency: "Tuberculosis Patients on the Increase"]

[Text] Tuberculosis is becoming one of the most serious diseases in the Pskov region of Russia. In 1992, tuberculosis morbidity rose in Pskov by 22.2 percent, and mortality grew by 12.3 percent. The spread of serious forms of the disease has been noted. The number of tuberculosis cases among children has increased 2.5-fold.

In addition, only 9 percent of the individuals with tuberculosis last year were provided with isolation quarters, and medical institutions are experiencing constant interruptions in drug supply. At present, almost 300 individuals are on the rolls of the tuberculosis dispensary in Pskov.

### **Anisakiasis in Krasnoyarsk**

93WE0321K Moscow IZVESTIYA in Russian  
24 Mar 93 p 8

[Article by Aleksandr Pashkov, filed from Krasnoyarsk: "Fish Killers Move to Land"; first paragraph is source introduction]

[Text] Rumors have crawled around Krasnoyarsk about an extremely dangerous disease heretofore unknown. The local press has confirmed this: Medical people are disturbed about the fact that an illness that previously affected only marine fish—*anisakiasis*—is now threatening people.

Here is the opinion of the head of the parasite department of the kray veterinary laboratory, S. Shamin:

"This illness has long been studied. It affects salmon species, perch-mackerel [okun-terpug], pollack, herring [seld-ivasi], squid, crabs, and certain other inhabitants of the sea. The larvae—*anisakidae*—have not been thought to be dangerous to man. But reports have come from the Far East that two individuals came down with *anisakiasis*, one of them, tragically, dying from it. There are certain predisposing factors: The crisis in the fishing industry—often, state and private fishing enterprises are now fishing areas that they didn't fish before, knowing of the widespread disease in the fish, and processing technologies are not being adhered to."

The head of the parasitology division of the state health-epidemiological inspectorate of the kray, T. Borodin, says this:

"The preventive measures, the clinical picture (which is similar to that of peptic ulcer), and the diagnosis associated with the illness has not yet been worked out for people, which, of course, complicates the work. The larvae, which continue to be surprisingly viable even at low temperatures, in sodium chloride solutions, in acetic acid solutions, and in formalin, can, after entering the body, attack the gastrointestinal tract."

Clearly, you can't put a health physician at every counter or near every street vendor. It would only be a dream to think we could institute comprehensive certification of the fish that come to the kray from the Far East. Expensive smoked red salmon and batches of loach and humpback salmon sold in city stores were what turned out to be fatal. Veterinarians confirm that, when the fish were dissected, 2- to 4-cm-long *anisakidae* curled in a spiral were visible to the naked eye. And they suggest that the situation not be dramatized. What's needed is simply that you pay attention to what you're about to eat.

### **Anthrax Cases Attributed to Meat**

#### **20 People Infected**

93WE0225G Moscow NEZAVISIMAYA GAZETA  
in Russian 4 Aug 92 p 1

[Article: "Epidemic From Meat"]

[Text] There are over 20 persons infected with anthrax in Cherkessk City Hospital. Doctors are not concerned for their lives, but they express alarm regarding possible spread of the epidemic, inasmuch as the source of infection has not yet been discovered. It is believed in the republic center of the public health and epidemiological inspection committee that consumption of infected beef sold in city markets was the cause of illness.

#### **Source of Infection Eliminated**

93WE0225H Moscow NEZAVISIMAYA GAZETA  
in Russian 11 Aug 92 p 6

[Article: "Epidemic Foci Eliminated"]

[Text] Chief state public health physician of Karachayevo-Cherkesia Valentina Petryuk and chief state veterinary inspector of Karachayevo-Cherkesia Dmitriy Filippovich expressed concern over reports in some of the mass media that the agent of anthrax, an outbreak of which occurred in Karachayevo-Cherkesia, was discovered in sausage manufactured at the Cherkessk Meat Packing Plant.

In their opinion this raised an unhealthy commotion in the republic. They report that the agent of infection was actually isolated from sausage made in a small sausage

shop of the Cherkessk production combine of the republic's consumer's union. This shop was sealed off on 17 July, and its products are not being sold.

It is reported concurrently that a complex of veterinary and sanitary measures directed at eliminating anthrax foci is nearing completion in Adygokhablskiy and Khabezskiy rayons with the assistance of specialists from

Moscow and Stavropol. Moreover while the focus in Ikon-Khalkskiy had been known to scientists before, this is the first time Beslyeneyevskiy will enter the record books, despite the fact that according to tentative data an outbreak of anthrax had already occurred here in 1947. In the opinion of scientists, erosion of old animal burial pits containing the remains of sick animals by torrential rains was the cause of the new outbreak of anthrax in Karachayevo-Cherkesia.

**IRELAND****Ireland Proclaimed Leukosis Free, Test Rules Altered**

*93WE0343 Dublin IRISH INDEPENDENT in English  
2 Mar 93 Supplement p 4*

[Text] Ireland has been declared officially leukosis free. Bovine animals will no longer require individual testing for export and will not need green leukosis tags.

The leukosis free status has been granted on the basis of a recently completed national round of testing.

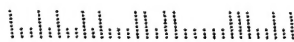
The pea storage capacity at Batchelors plant in Athy, Co. Kildare is to be expanded to give a total storage of over 2,600 tonnes.

NTIS  
ATTN PROCESS 103  
5285 PORT ROYAL RD  
SPRINGFIELD VA

2

22161

BULK RATE  
U.S. POSTAGE  
PAID  
PERMIT NO. 352  
MERRIFIELD, VA.



This is a U.S. Government publication. Its contents in no way represent the policies, views, or attitudes of the U.S. Government. Users of this publication may cite FBIS or JPRS provided they do so in a manner clearly identifying them as the secondary source.

Foreign Broadcast Information Service (FBIS) and Joint Publications Research Service (JPRS) publications contain political, military, economic, environmental, and sociological news, commentary, and other information, as well as scientific and technical data and reports. All information has been obtained from foreign radio and television broadcasts, news agency transmissions, newspapers, books, and periodicals. Items generally are processed from the first or best available sources. It should not be inferred that they have been disseminated only in the medium, in the language, or to the area indicated. Items from foreign language sources are translated; those from English-language sources are transcribed. Except for excluding certain diacritics, FBIS renders personal names and place-names in accordance with the romanization systems approved for U.S. Government publications by the U.S. Board of Geographic Names.

Headlines, editorial reports, and material enclosed in brackets [ ] are supplied by FBIS/JPRS. Processing indicators such as [Text] or [Excerpts] in the first line of each item indicate how the information was processed from the original. Unfamiliar names rendered phonetically are enclosed in parentheses. Words or names preceded by a question mark and enclosed in parentheses were not clear from the original source but have been supplied as appropriate to the context. Other unattributed parenthetical notes within the body of an item originate with the source. Times within items are as given by the source. Passages in boldface or italics are as published.

#### SUBSCRIPTION/PROCUREMENT INFORMATION

The FBIS DAILY REPORT contains current news and information and is published Monday through Friday in eight volumes: China, East Europe, Central Eurasia, East Asia, Near East & South Asia, Sub-Saharan Africa, Latin America, and West Europe. Supplements to the DAILY REPORTs may also be available periodically and will be distributed to regular DAILY REPORT subscribers. JPRS publications, which include approximately 50 regional, worldwide, and topical reports, generally contain less time-sensitive information and are published periodically.

Current DAILY REPORTs and JPRS publications are listed in *Government Reports Announcements* issued semimonthly by the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, Virginia 22161 and the *Monthly Catalog of U.S. Government Publications* issued by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

The public may subscribe to either hardcover or microfiche versions of the DAILY REPORTs and JPRS publications through NTIS at the above address or by calling (703) 487-4630. Subscription rates will be

provided by NTIS upon request. Subscriptions are available outside the United States from NTIS or appointed foreign dealers. New subscribers should expect a 30-day delay in receipt of the first issue.

U.S. Government offices may obtain subscriptions to the DAILY REPORTs or JPRS publications (hardcover or microfiche) at no charge through their sponsoring organizations. For additional information or assistance, call FBIS, (202) 338-6735, or write to P.O. Box 2604, Washington, D.C. 20013. Department of Defense consumers are required to submit requests through appropriate command validation channels to DIA, RTS-2C, Washington, D.C. 20301. (Telephone: (202) 373-3771, Autovon: 243-3771.)

Back issues or single copies of the DAILY REPORTs and JPRS publications are not available. Both the DAILY REPORTs and the JPRS publications are on file for public reference at the Library of Congress and at many Federal Depository Libraries. Reference copies may also be seen at many public and university libraries throughout the United States.